

EXHIBIT C

Form 1120 Department of the Treasury Internal Revenue Service		U.S. Corporation Income Tax Return For calendar year 2011 or tax year beginning _____, ending _____		OMB No. 1545-0123 2011	
A Check if: 1a Consolidated return (attach Form 951) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>		Name NOVA GROUP, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 100 GRIST MILL ROAD City or town, state, and ZIP code SIMSBURY, CT 06070		B Employer identification number C Date incorporated 08/30/2002 D Total assets (see instructions) \$ 0.	
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change					
Income	1a Merchant card and third-party payments. For 2011, enter -0-		1a	0.	
	b Gross receipts or sales not reported on line 1a (see instructions)		1b		
	c Total. Add lines 1a and 1b		1c		
	d Returns and allowances plus any other adjustments (see instructions)		1d		
	e Subtract line 1d from line 1c		1e		
	2 Cost of goods sold from Form 1125-A, line 8 (attach Form 1125-A)		2		
	3 Gross profit. Subtract line 2 from line 1e		3		
	4 Dividends (Schedule C, line 19)		4		
	5 Interest		5		
	6 Gross rents		6		
	7 Gross royalties		7		
8 Capital gain net income (attach Schedule D (Form 1120))		8			
9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9			
10 Other income (attach schedule)		10			
11 Total income. Add lines 3 through 10		11			
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers from Form 1125-E, line 4 (attach Form 1125-E)		12		
	13 Salaries and wages (less employment credits)		13		
	14 Repairs and maintenance		14		
	15 Bad debts		15		
	16 Rents		16		
	17 Taxes and licenses		17		
	18 Interest		18		
	19 Charitable contributions		19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20		
	21 Depletion		21		
	22 Advertising		22		
	23 Pension, profit-sharing, etc., plans		23		
	24 Employee benefit programs		24		
	25 Domestic production activities deduction (attach Form 8903)		25		
	26 Other deductions (attach schedule)		26		
	27 Total deductions. Add lines 12 through 26		27		
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	0.	
Tax, Refundable Credits, and Payments	29a Net operating loss deduction (see instructions)		29a		
	b Special deductions (Schedule C, line 20)		29b		
	c Add lines 29a and 29b		29c		
	30 Taxable income. Subtract line 29c from line 28 (see instructions)		30	0.	
	31 Total tax (Schedule J, Part I, line 11)		31	0.	
	32 Total payments and refundable credits (Schedule J, Part II, line 21)		32		
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		33		
34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed		34	0.		
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		35			
36 Enter amount from line 35 you want: Credited to 2012 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>		36			
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Signature of officer <i>Matthew Westcott</i> Date _____		Title <i>President & Secretary</i>		May the IRS discuss this return with the preparer shown below? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Print/Type preparer's name MATTHEW WESTCOTT		Preparer's signature <i>Matthew Westcott</i> Date <i>7/2/12</i>		Check if self-employed <input checked="" type="checkbox"/> PTIN _____	
Firm's name WESTCOTT & ASSOCIATES, LLC		Firm's EIN 00-0000000		Phone no. (860) 444-5500	
Firm's address 117 VINEYARD ROAD BURLINGTON, CT 06013					